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**FEB 24 2006**

Attorney Docket: 037003-0313985

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re PATENT APPLICATION of: TZUNG-HORNG YANG

Application No.: 10/518,434

Confirmation No:

Filed: December 20, 2004

Group Art Unit:

Examiner:

Title: BUFFERED FORMULATIONS FOR CONCENTRATING ANTIBODIES AND METHODS  
OF USE THEREOF

**RESPONSE TO NOTICE TO FILE MISSING PARTS**

**Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Sir:

Applicant requests a 5-month extension of time to respond to the Notice to File Missing Parts of Application mailed June 25, 2005. The requisite extension fee is enclosed, where applicable.

In response to the Notice to File Missing Parts of Application mailed June 25, 2005, a copy of which is enclosed, Applicants herewith submit the following:

Executed Combined Declaration and Power of Attorney of Inventors  
Petition for Extension

Please see attached PTO/SB/17 for payment of fees.

Respectfully submitted,

PILLSBURY WINTHROP SHAW PITTMAN LLP

By



Thomas A. Cawley, Jr., Ph.D  
Registration No. 40944  
Telephone: (703) 770-7900

Date: February 24, 2006  
P.O. Box 10500  
McLean, VA 22102  
Customer No.: 00909

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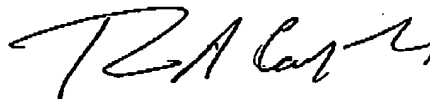
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION  
UNDER 37 C.F.R. §1.8

I hereby certify that the following papers, consisting of eight pages  
including this cover sheet, are being facsimile transmitted to the Patent and  
Trademark Office at (571) 273-8300 on the date shown below:

Response to Notice to File Missing Parts  
Petition for Extension  
Fee Transmittal  
Executed Declaration

PILLSBURY WINTHROP SHAW PITTMAN LLP



THOMAS A. CAWLEY, JR., PH.D.  
Reg. No. 40944

Date: February 24, 2006  
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(Certification of Facsimile Transmission--page 1)

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PTO/SB/17 (12-04)  
Approved for use through 07/31/2008, OMB 0651-0032  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	10/518,434
		Filing Date	December 20, 2004
		First Named Inventor	TZUNG-HORNG YANG
		Examiner Name	
		Art Unit	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	037003-0313985
TOTAL AMOUNT OF PAYMENT (\$)		130	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 20 or HP =		X		=			
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 3 or HP =		X		=			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 =		/50 =		(round up to a whole number) x		250.00 =	
						Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, 130 fee (no small entity discount)							
Other: Surcharge for late filing oath or declaration (37 CFR 1.492(e))							130.00

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent)	Telephone
Thomas A. Cawley, Jr., Ph.D.	40944	703770.7944
Name (Print/Type)	Date	
February 24, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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